## COMMONWEALTH OF MASSACHUSETTS DRINKING WATER OPERATOR REGISTRATION FORM

## YOU MUST SUBMIT THIS FORM AND THE EXAMINATION FEE TO:

## Experior 2 Mount Royal Avenue, Suite 250 Marlborough, MA 01752 508.624.0826 ☎

\*\*\*\*\* IMPORTANT INFORMATION \*\*\*\*\*

## THIS FORM PLUS FEE OF \$90.00 MUST BE RECEIVED IN OUR OFFICE BY THE EXAMINATION DEADLINE DATE. NO EXCEPTIONS!!! POSTMARKED ENVELOPES AND PERSONAL CHECKS WILL NOT BE ACCEPTED.

Examination fees are non-refundable. After the examination deadline date has passed, **NO** transfers, changes or refunds will be permitted.

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I agree that the above information is true to the best of my knowledge and that I will follow the rules and																													
conditions as stated in the Bulletin of Information. I certify that I have read and understand all the information on this registration form.																													
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